

## Added Anesthesia CPT® Codes

Effective January 1, 2005

<i>CODE</i>	<i>ABBREVIATED DESCRIPTION</i>	<i>ANES VALUE</i>	<i>BASE SOURCE</i>	<i>MAX FEE OR COVERAGE</i>
00561	Anesth, heart surg < age 1	N/A	N/A	Not Covered

		DOLLAR VALUE				MODIFIERS												
CPT® / HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ		
0500F	Initial prenatal care visit	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
0501F	Prenatal flow sheet	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
0502F	Subsequent prenatal care	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
0503F	Postpartum care visit	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
1000F	Tobacco use, smoking, assess	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
1001F	Tobacco use, non-smoking	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
1002F	Assess anginal symptom/level	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
2000F	Blood pressure, measured	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
4000F	Tobacco use txmnt counseling	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
4001F	Tobacco use txmnt, pharmacol	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
4002F	Statin therapy, rx	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
4006F	Beta-blocker therapy, rx	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
4009F	Ace inhibitor therapy, rx	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
4011F	Oral antiplatelet tx, rx	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9		F			
0075T	Perq stent/chest vert art	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N			
0076T	S&i stent/chest vert art	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N			
0077T	Cereb therm perfusion probe	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N			
0078T	Endovasc aort repr w/device	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N			
0079T	Endovasc visc extnsn repr	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N			
0080T	Endovasc aort repr rad s&i	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N			
0081T	Endovasc visc extnsn s&i	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N			
0082T	Stereotactic rad delivery	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X			
0083T	Stereotactic rad tx mngmt	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X			
0084T	Temp prostate urethral stent	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X			
0085T	Breath test heart reject	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X			
0086T	L ventricle fill pressure	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X			
0087T	Sperm eval hyaluronan	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X			
0088T	Rf tongue base vol reduxn	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N			
11004	Debride genitalia & perineum	\$749.83	\$749.83	0	0%	0%	0%	0	2	0	1	0	0		R			
11005	Debride abdom wall	\$1,021.21	\$1,021.21	0	0%	0%	0%	0	0	0	0	0	0		R			
11006	Debride genit/per/abdom wall	\$940.20	\$940.20	0	0%	0%	0%	0	2	0	1	0	0		R			
11008	Remove mesh from abd wall	\$381.75	\$381.75	0	0%	0%	0%	0	0	0	0	0	0		R			
19296	Place po breast cath for rad	Not Covered	Not Covered	0	0%	0%	0%	0	2	1	0	0	0		X			
19297	Place breast cath for rad	Not Covered	Not Covered	0	0%	0%	0%	0	0	1	0	0	0		X			
19298	Place breast rad tube/caths	Not Covered	Not Covered	0	0%	0%	0%	0	2	1	0	0	0		X			
27412	Autochondrocyte implant knee	\$2,112.28	\$2,112.28	90	10%	69%	21%	0	2	1	2	1	0		R			
27415	Osteochondral knee allograft	\$1,756.35	\$1,756.35	90	10%	69%	21%	0	2	1	2	1	0		R			
29866	Autgrft implnt, knee w/scope	\$1,381.69	\$1,381.69	90	10%	69%	21%	0	0	1	0	0	0		R			
29867	Allgrft implnt, knee w/scope	\$1,651.55	\$1,651.55	90	10%	69%	21%	0	0	1	0	0	0		R			

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29868	Meniscal trnspl, knee w/scpe	\$2,232.28	\$2,232.28	90	10%	69%	21%	0	0	1	0	0	0			R
31545	Remove vc lesion w/scope	\$512.38	\$512.38	0	0%	0%	0%	0	3	0	1	0	0	31526		R
31546	Remove vc lesion scope/graft	\$779.70	\$779.70	0	0%	0%	0%	0	3	0	1	0	0	31526		R
31620	Endobronchial us add-on	\$364.03	\$103.79	0	0%	0%	0%	0	0	0	1	0	0			R
31636	Bronchoscopy, bronch stents	\$320.99	\$320.99	0	0%	0%	0%	0	3	0	1	0	0	31622		R
31637	Bronchoscopy, stent add-on	\$113.92	\$113.92	0	0%	0%	0%	0	0	0	1	0	0			R
31638	Bronchoscopy, revise stent	\$357.45	\$357.45	0	0%	0%	0%	0	3	0	1	0	0	31622		R
32019	Insert pleural catheter	\$1,250.56	\$312.89	0	0%	0%	0%	0	0	0	1	0	0			R
32855	Prepare donor lung, single	By Report	By Report	0	0%	0%	0%	0	2	0	2	1	0			N
32856	Prepare donor lung, double	By Report	By Report	0	0%	0%	0%	0	2	0	2	1	0			N
33933	Prepare donor heart/lung	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	2	1	0			X
33944	Prepare donor heart	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	2	1	0			X
34803	Endovas aaa repr w/3-p part	\$1,821.16	\$1,821.16	90	9%	84%	7%	0	2	2	2	2	0			R
36475	Endovenous rf, 1st vein	\$2,986.66	\$485.54	0	0%	0%	0%	0	2	1	1	0	0			R
36476	Endovenous rf, vein add-on	\$582.25	\$236.95	0	0%	0%	0%	0	2	1	1	0	0			R
36478	Endovenous laser, 1st vein	\$2,750.22	\$485.54	0	0%	0%	0%	0	2	1	1	0	0			R
36479	Endovenous laser vein addon	\$587.81	\$236.95	0	0%	0%	0%	0	2	1	1	0	0			R
36818	Av fuse, uppr arm, cephalic	\$969.56	\$969.56	90	9%	84%	7%	0	2	0	2	1	0			R
37215	Transcath stent, cca w/eps	\$1,458.65	\$1,458.65	90	9%	84%	7%	0	2	0	0	0	0			R
37216	Transcath stent, cca w/o eps	\$1,405.49	\$1,405.49	90	9%	84%	7%	0	2	0	0	0	0			R
43257	Uppr gi scope w/thrml txmnt	\$406.05	\$406.05	0	0%	0%	0%	0	3	0	1	0	0	43235		R
43644	Lap gastric bypass/roux-en-y	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	1	0			X
43645	Lap gastr bypass incl smll i	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	1	0			X
43845	Gastroplasty duodenal switch	Not Covered	Not Covered	90	9%	81%	10%	0	2	0	2	1	0			X
44137	Remove intestinal allograft	By Report	By Report	0	0%	0%	0%	0	2	0	2	1	0			N
44715	Prepare donor intestine	By Report	By Report	0	0%	0%	0%	0	2	0	2	1	0			N
44720	Prep donor intestine/venous	\$356.44	\$356.44	0	0%	0%	0%	0	2	0	2	1	0			R
44721	Prep donor intestine/artery	\$516.93	\$516.93	0	0%	0%	0%	0	2	0	2	1	0			R
45391	Colonoscopy w/endoscope us	\$376.18	\$376.18	0	0%	0%	0%	0	3	0	1	0	0	45378		R
45392	Colonoscopy w/endoscopic fnb	\$475.92	\$475.92	0	0%	0%	0%	0	3	0	1	0	0	45378		R
46947	Hemorrhoidopexy by stapling	\$432.89	\$432.89	90	9%	81%	10%	0	2	0	1	0	0			R
47143	Prep donor liver, whole	By Report	By Report	0	0%	0%	0%	0	2	0	2	1	0			N
47144	Prep donor liver, 3-segment	By Report	By Report	90	9%	81%	10%	0	2	0	2	1	0			N
47145	Prep donor liver, lobe split	By Report	By Report	90	9%	81%	10%	0	2	0	2	1	0			N
47146	Prep donor liver/venous	\$443.01	\$443.01	0	0%	0%	0%	0	2	0	2	1	0			R
47147	Prep donor liver/arterial	\$516.93	\$516.93	0	0%	0%	0%	0	2	0	2	1	0			R
48551	Prep donor pancreas	By Report	By Report	0	0%	0%	0%	0	2	0	2	1	0			N
48552	Prep donor pancreas/venous	\$305.30	\$305.30	0	0%	0%	0%	0	2	0	2	1	0			R
50323	Prep cadaver renal allograft	By Report	By Report	0	0%	0%	0%	0	2	0	2	1	0			N
50325	Prep donor renal graft	By Report	By Report	0	0%	0%	0%	0	2	0	2	1	0			N

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50327	Prep renal graft/venous	\$284.03	\$284.03	0	0%	0%	0%	0	2	0	2	1	0			R
50328	Prep renal graft/arterial	\$248.59	\$248.59	0	0%	0%	0%	0	2	0	2	1	0			R
50329	Prep renal graft/ureteral	\$237.45	\$237.45	0	0%	0%	0%	0	2	0	2	1	0			R
50391	Instll rx agnt into rnal tub	\$185.81	\$137.21	0	0%	0%	0%	0	2	0	1	0	0			R
52402	Cystourethro cut ejacul duct	\$370.61	\$370.61	0	0%	0%	0%	0	3	0	0	0	0	52010		R
57267	Insert mesh/pelvic flr addon	\$374.66	\$374.66	0	0%	0%	0%	0	0	1	2	1	0			R
57283	Colpopexy, intraperitoneal	\$894.13	\$894.13	90	12%	74%	14%	0	2	0	2	1	0			R
58356	Endometrial cryoablation	Not Covered	Not Covered	10	10%	80%	10%	0	2	1	2	2	0			X
58565	Hysteroscopy, sterilization	Not Covered	Not Covered	90	12%	74%	14%	0	3	2	1	2	0	58555		X
58956	Bso, omentectomy w/tah	Not Covered	Not Covered	90	12%	74%	14%	0	2	2	2	1	0			X
63050	Cervical laminoplasty	\$1,847.49	\$1,847.49	90	11%	76%	13%	0	2	0	2	2	0			R
63051	C-laminoplasty w/graft/plate	\$2,108.23	\$2,108.23	90	11%	76%	13%	0	2	0	2	2	0			R
63295	Repair of laminectomy defect	\$417.70	\$417.70	0	0%	0%	0%	0	0	2	2	2	0			R
66711	Ciliary endoscopic ablation	Not Covered	Not Covered	90	10%	70%	20%	0	3	1	1	0	0	66710		X
76077	Dxa bone density/v-fracture	\$52.66	\$52.66	0	0%	0%	0%	1	0	0	0	0	0			R
76077-26	Dxa bone density/v-fracture	\$12.15	\$12.15	0	0%	0%	0%	1	0	0	0	0	0			R
76077-TC	Dxa bone density/v-fracture	\$40.50	\$40.50	0	0%	0%	0%	1	0	0	0	0	0			R
76510	Ophth us, b & quant a	\$228.85	\$228.85	0	0%	0%	0%	1	0	3	0	0	0			R
76510-26	Ophth us, b & quant a	\$114.42	\$114.42	0	0%	0%	0%	1	0	3	0	0	0			R
76510-TC	Ophth us, b & quant a	\$114.42	\$114.42	0	0%	0%	0%	1	0	3	0	0	0			R
76820	Umbilical artery echo	\$123.54	\$123.54	0	0%	0%	0%	1	0	0	0	0	0			R
76820-26	Umbilical artery echo	\$36.45	\$36.45	0	0%	0%	0%	1	0	0	0	0	0			R
76820-TC	Umbilical artery echo	\$87.08	\$87.08	0	0%	0%	0%	1	0	0	0	0	0			R
76821	Middle cerebral artery echo	\$137.71	\$137.71	0	0%	0%	0%	1	0	0	0	0	0			R
76821-26	Middle cerebral artery echo	\$50.63	\$50.63	0	0%	0%	0%	1	0	0	0	0	0			R
76821-TC	Middle cerebral artery echo	\$87.08	\$87.08	0	0%	0%	0%	1	0	0	0	0	0			R
78811	Tumor imaging (pet), limited	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78811-26	Tumor imaging (pet), limited	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78811-TC	Tumor imaging (pet), limited	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78812	Tumor image (pet)/skul-thigh	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78812-26	Tumor image (pet)/skul-thigh	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78812-TC	Tumor image (pet)/skul-thigh	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78813	Tumor image (pet) full body	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78813-26	Tumor image (pet) full body	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78813-TC	Tumor image (pet) full body	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78814	Tumor image pet/ct, limited	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78814-26	Tumor image pet/ct, limited	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78814-TC	Tumor image pet/ct, limited	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78815	Tumorimage pet/ct skul-thigh	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X
78815-26	Tumorimage pet/ct skul-thigh	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9			X

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78815-TC	Tumorimage pet/ct skul-thigh	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X	
78816	Tumor image pet/ct full body	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X	
78816-26	Tumor image pet/ct full body	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X	
78816-TC	Tumor image pet/ct full body	Not Covered	Not Covered	0	0%	0%	0%	1	9	9	9	9	9		X	
79005	Nuclear rx, oral admin	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
79005-26	Nuclear rx, oral admin	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
79005-TC	Nuclear rx, oral admin	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
79101	Nuclear rx, iv admin	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
79101-26	Nuclear rx, iv admin	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
79101-TC	Nuclear rx, iv admin	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
79445	Nuclear rx, intra-arterial	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
79445-26	Nuclear rx, intra-arterial	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
79445-TC	Nuclear rx, intra-arterial	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
82045	Albumin, ischemia modified	\$66.40	\$66.40	0	0%	0%	0%	9	9	9	9	9	9		L	
82656	Pancreatic elastase, fecal	\$22.57	\$22.57	0	0%	0%	0%	9	9	9	9	9	9		L	
83009	H pylori (c-13), blood	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
83630	Lactoferrin, fecal (qual)	\$22.57	\$22.57	0	0%	0%	0%	9	9	9	9	9	9		L	
84163	Pappa, serum	\$29.44	\$29.44	0	0%	0%	0%	9	9	9	9	9	9		L	
84166	Protein e-phoresis/urine/csf	\$34.08	\$34.08	0	0%	0%	0%	9	9	9	9	9	9		L	
84166-26	Protein e-phoresis/urine/csf	\$26.33	\$26.33	0	0%	0%	0%	6	0	0	0	0	0		R	
86064	B cells, total count	\$73.78	\$73.78	0	0%	0%	0%	9	9	9	9	9	9		L	
86335	Immunfix e-phorsis/urine/csf	\$56.76	\$56.76	0	0%	0%	0%	9	9	9	9	9	9		L	
86335-26	Immunfix e-phorsis/urine/csf	\$26.33	\$26.33	0	0%	0%	0%	6	0	0	0	0	0		R	
86379	Nk cells, total count	\$73.78	\$73.78	0	0%	0%	0%	9	9	9	9	9	9		L	
86587	Stem cells, total count	\$73.78	\$73.78	0	0%	0%	0%	9	9	9	9	9	9		L	
87807	Rsv assay w/optic	\$23.46	\$23.46	0	0%	0%	0%	9	9	9	9	9	9		L	
88184	Flowcytometry/ tc, 1 marker	\$68.35	\$68.35	0	0%	0%	0%	3	0	0	0	0	0		R	
88185	Flowcytometry/tc, add-on	\$33.42	\$33.42	0	0%	0%	0%	3	0	0	0	0	0		R	
88187	Flowcytometry/read, 2-8	\$92.65	\$92.65	0	0%	0%	0%	2	0	0	0	0	0		R	
88188	Flowcytometry/read, 9-15	\$115.44	\$115.44	0	0%	0%	0%	2	0	0	0	0	0		R	
88189	Flowcytometry/read, 16 & >	\$151.89	\$151.89	0	0%	0%	0%	2	0	0	0	0	0		R	
88360	Tumor immunohistochem/manual	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
88360-26	Tumor immunohistochem/manual	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
88360-TC	Tumor immunohistochem/manual	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
88367	Insitu hybridization, auto	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
88367-26	Insitu hybridization, auto	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
88367-TC	Insitu hybridization, auto	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
88368	Insitu hybridization, manual	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
88368-26	Insitu hybridization, manual	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
88368-TC	Insitu hybridization, manual	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	

Added CPT® and HCPCS Codes

Effective January 1, 2005

CPT®/ HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ
90465	Immune admin 1 inj, < 8 yrs	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
90466	Immune admin addl inj, < 8 y	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
90467	Immune admin o or n, < 8 yrs	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
90468	Immune admin o/n, addl < 8 y	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
91034	Gastroesophageal reflux test	\$322.51	\$322.51	0	0%	0%	0%	1	0	0	0	0	0		R	
91034-26	Gastroesophageal reflux test	\$68.86	\$68.86	0	0%	0%	0%	1	0	0	0	0	0		R	
91034-TC	Gastroesophageal reflux test	\$253.15	\$253.15	0	0%	0%	0%	1	0	0	0	0	0		R	
91035	G-esoph reflx tst w/electrod	\$638.44	\$638.44	0	0%	0%	0%	1	0	0	0	0	0		R	
91035-26	G-esoph reflx tst w/electrod	\$111.89	\$111.89	0	0%	0%	0%	1	0	0	0	0	0		R	
91035-TC	G-esoph reflx tst w/electrod	\$526.55	\$526.55	0	0%	0%	0%	1	0	0	0	0	0		R	
91037	Esoph impd function test	\$204.04	\$204.04	0	0%	0%	0%	1	0	0	0	0	0		R	
91037-26	Esoph impd function test	\$68.86	\$68.86	0	0%	0%	0%	1	0	0	0	0	0		R	
91037-TC	Esoph impd function test	\$135.18	\$135.18	0	0%	0%	0%	1	0	0	0	0	0		R	
91038	Esoph impd funct test > 1h	\$174.17	\$174.17	0	0%	0%	0%	1	0	0	0	0	0		R	
91038-26	Esoph impd funct test > 1h	\$77.97	\$77.97	0	0%	0%	0%	1	0	0	0	0	0		R	
91038-TC	Esoph impd funct test > 1h	\$96.20	\$96.20	0	0%	0%	0%	1	0	0	0	0	0		R	
91040	Esoph balloon distension tst	\$623.76	\$623.76	0	0%	0%	0%	1	0	0	0	0	0		R	
91040-26	Esoph balloon distension tst	\$68.86	\$68.86	0	0%	0%	0%	1	0	0	0	0	0		R	
91040-TC	Esoph balloon distension tst	\$554.90	\$554.90	0	0%	0%	0%	1	0	0	0	0	0		R	
91120	Rectal sensation test	\$615.66	\$615.66	0	0%	0%	0%	1	0	0	0	0	0		R	
91120-26	Rectal sensation test	\$69.36	\$69.36	0	0%	0%	0%	1	0	0	0	0	0		R	
91120-TC	Rectal sensation test	\$546.30	\$546.30	0	0%	0%	0%	1	0	0	0	0	0		R	
92620	Auditory function, 60 min	\$60.76	\$60.76	0	0%	0%	0%	3	0	2	0	0	0		R	
92621	Auditory function, + 15 min	\$15.19	\$15.19	0	0%	0%	0%	3	0	2	0	0	0		R	
92625	Tinnitus assessment	\$59.74	\$59.74	0	0%	0%	0%	3	0	2	0	0	0		R	
93745	Set-up cardiovert-defibrill	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93745-26	Set-up cardiovert-defibrill	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93745-TC	Set-up cardiovert-defibrill	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93890	Tcd, vasoreactivity study	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93890-26	Tcd, vasoreactivity study	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93890-TC	Tcd, vasoreactivity study	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93892	Tcd, emboli detect w/o inj	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93892-26	Tcd, emboli detect w/o inj	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93892-TC	Tcd, emboli detect w/o inj	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93893	Tcd, emboli detect w/inj	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93893-26	Tcd, emboli detect w/inj	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
93893-TC	Tcd, emboli detect w/inj	Not Covered	Not Covered	0	0%	0%	0%	1	0	0	0	0	0		X	
94452	Hast w/report	\$69.36	\$69.36	0	0%	0%	0%	1	0	0	0	0	0		R	
94452-26	Hast w/report	\$21.26	\$21.26	0	0%	0%	0%	1	0	0	0	0	0		R	
94452-TC	Hast w/report	\$48.60	\$48.60	0	0%	0%	0%	1	0	0	0	0	0		R	

Added CPT® and HCPCS Codes

Effective January 1, 2005

CPT®/ HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ
94453	Hast w/oxygen titrate	\$99.23	\$99.23	0	0%	0%	0%	1	0	0	0	0	0			R
94453-26	Hast w/oxygen titrate	\$27.34	\$27.34	0	0%	0%	0%	1	0	0	0	0	0			R
94453-TC	Hast w/oxygen titrate	\$71.89	\$71.89	0	0%	0%	0%	1	0	0	0	0	0			R
95928	C motor evoked, uppr limbs	\$234.42	\$234.42	0	0%	0%	0%	1	0	0	0	0	0			R
95928-26	C motor evoked, uppr limbs	\$111.89	\$111.89	0	0%	0%	0%	1	0	0	0	0	0			R
95928-TC	C motor evoked, uppr limbs	\$122.52	\$122.52	0	0%	0%	0%	1	0	0	0	0	0			R
95929	C motor evoked, lwr limbs	\$244.04	\$244.04	0	0%	0%	0%	1	0	0	0	0	0			R
95929-26	C motor evoked, lwr limbs	\$111.89	\$111.89	0	0%	0%	0%	1	0	0	0	0	0			R
95929-TC	C motor evoked, lwr limbs	\$132.14	\$132.14	0	0%	0%	0%	1	0	0	0	0	0			R
95978	Analyze neurostim brain/1h	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0			X
95979	Analyz neurostim brain addon	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0			X
97597	Active wound care/20 cm or <	\$65.31	\$65.31	0	0%	0%	0%	0	0	0	0	0	0			R
97598	Active wound care > 20 cm	\$83.03	\$83.03	0	0%	0%	0%	0	0	0	0	0	0			R
97605	Neg press wound tx, < 50 cm	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9			B
97606	Neg press wound tx, > 50 cm	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9			B
97810	Acupunct w/o stimul 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
97811	Acupunct w/o stimul addl 15m	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
97813	Acupunct w/stimul 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
97814	Acupunct w/stimul addl 15m	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
A4223	Infusion supplies w/o pump	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9			N
A4349	Disposable male external cat	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9			B
A4520	Incontinence garment anytype	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9			B
A4605	Trach suction cath close sys	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9			N
A7040	One way chest drain valve	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9			N
A7041	Water seal drain container	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9			N
A7045	Repl exhalation port for PAP	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9			N
A7527	Trach/laryn tube plug/stop	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9			N
A9152	Single vitamin nos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
A9153	Multi-vitamin nos	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
A9180	Lice treatment, topical	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
B4102	EF adult fluids and electro	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
B4103	EF ped fluid and electrolyte	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0			X
B4104	Additive for enteral formula	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
B4149	EF blenderized foods	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
B4157	EF special metabolic inherit	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
B4158	EF ped complete intact nut	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0			X
B4159	EF ped complete soy based	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0			X
B4160	EF ped caloric dense>=0.7kc	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0			X
B4161	EF ped hydrolyzed/amino acid	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0			X
B4162	EF ped specmetabolic inherit	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0			X



**Added CPT® and HCPCS Codes**
**Effective January 1, 2005**

<b>CPT®/ HCPCS CODE</b>	<b>ABBREVIATED DESCRIPTION</b>	<b>NON-FACILITY SETTING</b>	<b>FACILITY SETTING</b>	<b>FOL UP</b>	<b>PRE OP (-56)</b>	<b>INTRA OP (-54)</b>	<b>POST OP (-55)</b>	<b>PCTC (26/TC)</b>	<b>MSI (-51)</b>	<b>BSI (-50)</b>	<b>ASI (-80)</b>	<b>CSI (-62)</b>	<b>TSI (-66)</b>	<b>ENDO BASE</b>	<b>FSI</b>	<b>LIC REQ</b>
C1093	TC99M fanolesomab	Hosp. Only	Hosp. Only	0	0%	0%	0%	0	0	0	0	0	0		O	
C2634	Brachytx source, HA, I-125	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
C2635	Brachytx source, HA, P-103	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
C2636	Brachytx linear source, P-103	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
C9206	Integra, per cm2	Hosp. Only	Hosp. Only	0	0%	0%	0%	0	0	0	0	0	0		O	
C9220	Sodium hyaluronate	\$261.32	\$261.32	0	0%	0%	0%	0	0	0	0	0	0		M	
C9221	Graftjacket Reg Matrix	Hosp. Only	Hosp. Only	0	0%	0%	0%	0	0	0	0	0	0		O	
C9222	Graftjacket SftTis	Hosp. Only	Hosp. Only	0	0%	0%	0%	0	0	0	0	0	0		O	
C9435	Gonadorelin hydroch, brand	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
C9436	Azathioprine parenteral,brnd	\$65.61	\$65.61	0	0%	0%	0%	0	0	0	0	0	0		M	
C9437	Carmus bischl nitro inj	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
C9439	Diethylstilbestrol injection	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
C9718	Kyphoplasty, first vertebra	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
C9719	Kyphoplasty, each addl	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
C9720	HE ESW tx, tennis elbow	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
C9721	HE ESW tx, plantar fasciitis	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
C9722	KV imaging w/IR tracking	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
D0416	Viral culture	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D0421	Gen tst suscept oral disease	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
D0431	Diag tst detect mucos abnorm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
D0475	Decalcification procedure	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D0476	Spec stains for microorganis	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D0477	Spec stains not for microorg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D0478	Immunohistochemical stains	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D0479	Tissue in-situ hybridization	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D0481	Electron microscopy diagnost	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D0482	Direct immunofluorescence	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D0483	Indirect immunofluorescence	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D0484	Consult slides prep elsewher	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D0485	Consult inc prep of slides	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D2712	Crown 3/4 resin-based compos	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D2794	Crown-titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D2915	Recement cast or prefab post	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D2934	Prefab steel crown primary	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D2971	Add proc construct new crown	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D2975	Coping	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D5225	Maxillary part denture flex	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D5226	Mandibular part denture flex	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D6094	Abut support crown titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D6190	Radio/surgical implant index	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	



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D6194	Abut support retainer titani	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D6205	Pontic-indirect resin based	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D6214	Pontic titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D6624	Inlay titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D6634	Onlay titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D6710	Crown-indirect resin based	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D6794	Crown titanium	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D7283	Place device impacted tooth	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
D7288	Brush biopsy	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D7311	Alveoloplasty w/extract 1-3	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D7321	Alveoloplasty not w/extracts	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D7511	Incision/drain abscess intra	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D7521	Incision/drain abscess extra	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D7953	Bone replacement graft	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
D7963	Frenuloplasty	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
D9942	Repair/reline occlusal guard	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
E0463	Press supp vent invasive int	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E0464	Press supp vent noninv int	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E0639	Moveable patient lift system	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E0640	Fixed patient lift system	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E0769	Electric wound treatment dev	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
E0849	Cervical pneum trac equip	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E1039	Transport chair pt wt>=250lb	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E1229	Pediatric wheelchair NOS	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
E1239	Ped power wheelchair NOS	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
E1841	Static str shldr dev rom adj	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2205	Manual wc accessory, handrim	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2206	Complete wheel lock assembly	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2291	Planar back for ped size wc	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
E2292	Planar seat for ped size wc	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
E2293	Contour back for ped size wc	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
E2294	Contour seat for ped size wc	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
E2368	Power wc motor replacement	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2369	Pwr wc gear box replacement	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2370	Pwr wc motor/gear box combo	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2601	Gen w/c cushion width < 22 in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2602	Gen w/c cushion width >=22 in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2603	Skin protect wc cus wd <22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2604	Skin protect wc cus wd>=22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2605	Position wc cush width <22 in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	

Added CPT® and HCPCS Codes

Effective January 1, 2005

CPT®/ HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ
E2606	Position wc cush wdth>=22 in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2607	Skin pro/pos wc cus wd <22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2608	Skin pro/pos wc cus wd>=22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2609	Custom fabricate w/c cushion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2610	Powered w/c cushion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2611	Gen use back cush wdth <22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2612	Gen use back cush wdth>=22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2613	Position back cush wd <22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2614	Position back cush wd>=22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2615	Pos back post/lat wdth <22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2616	Pos back post/lat wdth>=22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2617	Custom fab w/c back cushion	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2618	Wc acc solid seat supp base	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2619	Replace cover w/c seat cush	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2620	WC planar back cush wd <22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E2621	WC planar back cush wd>=22in	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
E8000	Posterior gait trainer	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
E8001	Upright gait trainer	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
E8002	Anterior gait trainer	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
G0337	Hospice evaluation preelecti	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	
G0344	Initial preventive exam	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
G0345	IV infuse hydration, initial	\$84.05	\$84.05	0	0%	0%	0%	5	0	0	0	0	0		R	
G0346	Each additional infuse hour	\$26.83	\$26.83	0	0%	0%	0%	5	0	0	0	0	0		R	
G0347	IV infusion therapy/diagnost	\$103.29	\$103.29	0	0%	0%	0%	5	0	0	0	0	0		R	
G0348	Each additional hr up to 8hr	\$34.43	\$34.43	0	0%	0%	0%	5	0	0	0	0	0		R	
G0349	Additional sequential infuse	\$56.71	\$56.71	0	0%	0%	0%	5	0	0	0	0	0		R	
G0350	Concurrent infusion	\$32.91	\$32.91	0	0%	0%	0%	5	0	0	0	0	0		R	
G0351	Therapeutic/diagnostic injec	24.81	24.81	0	0%	0%	0%	5	0	0	0	0	0		R	
G0353	IV push,single orinitia dru	76.96	76.96	0	0%	0%	0%	5	0	0	0	0	0		R	
G0354	Each addition sequential IV	\$35.95	\$35.95	0	0%	0%	0%	5	0	0	0	0	0		R	
G0355	Chemo adminisrate subcut/IM	\$69.36	\$69.36	0	0%	0%	0%	5	0	0	0	0	0		R	
G0356	Hormonal anti-neoplastic	\$48.10	\$48.10	0	0%	0%	0%	5	0	0	0	0	0		R	
G0357	IV push single/initial subst	\$164.04	\$164.04	0	0%	0%	0%	5	0	0	0	0	0		R	
G0358	IV push each additional drug	\$95.18	\$95.18	0	0%	0%	0%	5	0	0	0	0	0		R	
G0359	Chemotherapy IV one hr initi	\$231.89	\$231.89	0	0%	0%	0%	5	0	0	0	0	0		R	
G0360	Each additional hr 1-8 hrs	52.15	52.15	0	0%	0%	0%	5	0	0	0	0	0		R	
G0361	Prolong chemo infuse>8hrs pu	249.61	249.61	0	0%	0%	0%	5	0	0	0	0	0		R	
G0362	Each add sequential infusion	\$112.90	\$112.90	0	0%	0%	0%	5	0	0	0	0	0		R	
G0363	Irrigate implanted venous de	\$37.97	\$37.97	0	0%	0%	0%	5	0	0	0	0	0		R	
G0364	Bone marrow aspirate &biopsy	\$16.71	\$12.66	0	0%	0%	0%	0	0	0	0	0	0		R	

CPT®/ HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ
G0365	Vessel mapping hemo access	\$227.33	\$227.33	0	0%	0%	0%	1	0	0	0	0	0			R
G0365-26	Vessel mapping hemo access	\$18.23	\$18.23	0	0%	0%	0%	1	0	0	0	0	0			R
G0365-TC	Vessel mapping hemo access	\$209.10	\$209.10	0	0%	0%	0%	1	0	0	0	0	0			R
G0366	EKG for initial prevent exam	Not Covered	Not Covered	0	0%	0%	0%	4	0	0	0	0	0			X
G0367	EKG tracing for initial prev	Not Covered	Not Covered	0	0%	0%	0%	3	0	0	0	0	0			X
G0368	EKG interpret & report preve	Not Covered	Not Covered	0	0%	0%	0%	2	0	0	0	0	0			X
G9013	ESRD demo bundle level I	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9014	ESRD demo bundle-level II	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9017	Amantadine HCL, oral	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9018	Zanamivir, inh pwdr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9019	Oseltamivir phosph	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9020	Rimantadine HCL	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9021	Chemo assess, nausea, level I	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9022	Chemo assess, nausea, level II	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9023	Chemo assess, nausea, level III	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9024	Chemo assess, nausea, level IV	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9025	Chemo assess, pain, level I	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9026	Chemo assess, pain, level II	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9027	Chemo assess, pain, level III	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9028	Chemo assess, pain, level IV	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9029	Chemo assess, fatigue, level I	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9030	Chemo assess, fatigue, level II	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9031	Chemo assess, fatigue, level III	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
G9032	Chemo assess, fatigue, level IV	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J0128	Abarelix injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J0135	Adalimumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J0180	Agalsidase beta injection	\$135.71	\$135.71	0	0%	0%	0%	9	9	9	9	9	9			D
J0878	Daptomycin injection	0.34	0.34	0	0%	0%	0%	9	9	9	9	9	9			D
J1457	Gallium nitrate injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J1931	Laronidase injection	\$24.35	\$24.35	0	0%	0%	0%	9	9	9	9	9	9			D
J2357	Omalizumab injection	\$18.04	\$18.04	0	0%	0%	0%	9	9	9	9	9	9			D
J2469	Palonosetron HCl	\$32.40	\$32.40	0	0%	0%	0%	9	9	9	9	9	9			D
J2794	Risperidone, long acting	\$138.80	\$138.80	0	0%	0%	0%	9	9	9	9	9	9			D
J3110	Teriparatide injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J3246	Tirofiban HCl	\$9.92	\$9.92	0	0%	0%	0%	9	9	9	9	9	9			D
J3396	Verteporfin injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J7304	Contraceptive hormone patch	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J7343	Nonmetabolic act d/e tissue	\$29.92	\$29.92	0	0%	0%	0%	9	9	9	9	9	9			D
J7344	Nonmetabolic active tissue	\$29.88	\$29.88	0	0%	0%	0%	9	9	9	9	9	9			D
J7518	Mycophenolic acid	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X

Added CPT® and HCPCS Codes

Effective January 1, 2005

CPT®/ HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ
J7611	Albuterol concentrated form	\$0.16	\$0.16	0	0%	0%	0%	9	9	9	9	9	9			D
J7612	Levalbuterol concentrated	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9			N
J7613	Albuterol unit dose	\$0.41	\$0.41	0	0%	0%	0%	9	9	9	9	9	9			D
J7614	Levalbuterol unit dose	0.9	0.9	0	0%	0%	0%	9	9	9	9	9	9			D
J7616	Albuterol compound solution	4.32	4.32	0	0%	0%	0%	9	9	9	9	9	9			D
J7617	Levalbuterol compounded sol	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9			N
J7674	Methacholine chloride, neb	\$0.48	\$0.48	0	0%	0%	0%	9	9	9	9	9	9			D
J8501	Oral aprepitant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J8565	Gefitinib oral	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J9035	Bevacizumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J9041	Bortezomib injection	\$32.57	\$32.57	0	0%	0%	0%	9	9	9	9	9	9			D
J9055	Cetuximab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
J9305	Pemetrexed injection	487.51	487.51	0	0%	0%	0%	9	9	9	9	9	9			D
L1932	Afo rig ant tib prefab TCF/=	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
L2005	KAFO sng/dbl mechanical act	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N Y
L2232	Rocker bottom, contact AFO	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N Y
L4002	Replace strap, any orthosis	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
L5685	Below knee sus/seal sleeve	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N Y
L5856	Elec knee-shin swing/stance	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0			X Y
L5857	Elec knee-shin swing only	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0			X Y
L6694	Elbow socket ins use w/lock	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N Y
L6695	Elbow socket ins use w/o lck	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N Y
L6696	Cus elbo skt in for con/atyp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N Y
L6697	Cus elbo skt in not con/atyp	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N Y
L6698	Below/above elbow lock mech	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N Y
L7181	Electronic elbo simultaneous	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N Y
L8515	Gel cap app device for trach	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
L8615	Coch implant headset replace	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
L8616	Coch implant microphone repl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
L8617	Coch implant trans coil repl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
L8618	Coch implant tran cable repl	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
L8620	Repl lithium ion battery	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
L8621	Repl zinc air battery	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
L8622	Repl alkaline battery	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0			N
S0196	Poly-L-lactic acid 1ml face	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
S0257	End of life counseling	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
S2348	Decompress disc RF lumbar	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
S4042	Ovulation mgmt per cycle	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
S9482	Family stabilization 15 min	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9			X
T4521	Adult size brief/diaper sm	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9			B

<b>CPT®/ HCPCS CODE</b>	<b>ABBREVIATED DESCRIPTION</b>	<b>NON-FACILITY SETTING</b>	<b>FACILITY SETTING</b>	<b>FOL UP</b>	<b>PRE OP (-56)</b>	<b>INTRA OP (-54)</b>	<b>POST OP (-55)</b>	<b>PCTC (26/TC)</b>	<b>MSI (-51)</b>	<b>BSI (-50)</b>	<b>ASI (-80)</b>	<b>CSI (-62)</b>	<b>TSI (-66)</b>	<b>ENDO BASE</b>	<b>FSI</b>	<b>LIC REQ</b>
T4522	Adult size brief/diaper med	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4523	Adult size brief/diaper lg	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4524	Adult size brief/diaper xl	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4525	Adult size pull-on sm	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4526	Adult size pull-on med	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4527	Adult size pull-on lg	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4528	Adult size pull-on xl	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4529	Ped size brief/diaper sm/med	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T4530	Ped size brief/diaper lg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T4531	Ped size pull-on sm/med	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T4532	Ped size pull-on lg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T4533	Youth size brief/diaper	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4534	Youth size pull-on	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4535	Disposable liner/shield/pad	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4536	Reusable pull-on any size	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4537	Reusable underpad bed size	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4538	Diaper serv reusable diaper	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
T4539	Reuse diaper/brief any size	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4540	Reusable underpad chair size	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4541	Large disposable underpad	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
T4542	Small disposable underpad	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
V2702	Deluxe lens feature	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	

		DOLLAR VALUE		MODIFIERS													
<i>CPT® / HCPCS</i>		<i>NON-FACILITY</i>	<i>FACILITY</i>	<i>FOL</i>	<i>PRE OP</i>	<i>INTRA OP</i>	<i>POST OP</i>	<i>PCTC</i>	<i>MSI</i>	<i>BSI</i>	<i>ASI</i>	<i>CSI</i>	<i>TSI</i>	<i>ENDO</i>	<i>LIC</i>		
<i>CODE</i>	<i>ABBREVIATED DESCRIPTION</i>	<i>SETTING</i>	<i>SETTING</i>	<i>UP</i>	<i>(-56)</i>	<i>(-54)</i>	<i>(-55)</i>	<i>(26/TC)</i>	<i>(-51)</i>	<i>(-50)</i>	<i>(-80)</i>	<i>(-62)</i>	<i>(-66)</i>	<i>BASE</i>	<i>FSI</i>	<i>REQ</i>	
L0430	Dewall posture protector	\$1,210.37	\$1,210.37	XXX	0%	0%	0%	0	0	0	0	0	0		F		